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| | | | | Examiner Name | Michael G. Mendoza |
| Sheet | 1 | Of | 2 | Attorney Docket Number | 16497.138.1.1.2.1 |

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| | 4 | 11/508715 | 10/18/2010 | Office Action | |
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| EXAMINER SIGNATURE | | | | | |
|--------------------|-------------------|-----------------|------------|--|--|
| Examiner Signature | /Michael Mendoza/ | Date Considered | 03/21/2011 | | |

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through a citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant is to place a check mark here if English language translation is attached.